

COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH<http://dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To:

Fax:

THIS PURCHASE ORDER CANNOT BE COMBINED WITH ANOTHER PURCHASE ORDER. IF THE PURCHASE ORDER IS NOT USED WITHIN 90 DAYS OF ISSUE DATE, RETURN IT TO PROCUREMENT FOR CANCELLATION.

Purchase Order Number _____ is issued to _____

Unit Control Number _____ Date requested _____

FACILITY NAME

ADDRESS

TELEPHONE NUMBER

for purchase at _____

VENDOR

ADDRESS

Purchases may not exceed \$_____ including sales tax.

Reason _____

Procurement Officer's Signature

Date

NOTICE TO VENDOR:

Payment on this Purchase Order will be 4 to 6 weeks from the date of purchase. Please mail invoice in triplicate referring to the above Purchase Order No. to the following address:

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

550 S. Vermont Avenue

Los Angeles, CA 90020

Attention: Accounts Payable